

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
STATE TREASURER'S ELECTRONIC PAYMENTS SYSTEM**

DIVISION OF MEDICAL ASSISTANCE

CONTROLLER'S OFFICE

**Instructions for  
Hospital EFT Data Set Up/Change Form  
for Deposit of Medicaid Reimbursement Initiative (MRI) Interim Payments**

All MRI interim payments are now paid by electronic funds transfer to hospital accounts normally used by EDS for remittance advice payments. Changes to banking information required for this process will be submitted by each hospital on the "Hospital ACH Data Set Up/Change Form" available on the DMA website at: <http://www.dhhs.state.nc.us/dma/>. Once at the website click on "Provider Links". At "Provider Links" click on "Forms". At "Forms" select "Hospital ACH Data". The form is a MS Word document which can be downloaded and completed.

**Completing the form:**

1. In the first section of the form please enter "yes" in the field next to "Initial Signup" **OR** "Information Change". Enter the date the update is to be effective in the field next to "Date Effective".
2. All data requested in the second section must be entered in the field next to the field title.
3. All data requested in the third section must be entered in the field next to the field title. The Transit/Routing Number must be the **ACH** Routing Number.
4. Form must be signed in section 4 by the hospital's authorized officer. Type the officer's name in the space provided next to "Typed or Printed Name." Type the title in the space provided next to "Title." Type the officer's phone number in the space provided next to "Phone." All spaces will expand as needed.
5. Please do not enter anything or write anything in section 5 of the form. This section is reserved for use by the State.

**Submitting the form:**

Once the form is completed and signed, it should be faxed to Janet Choplin at the Division of Medical Assistance, fax number (919) 715-4220. She will be responsible for getting it to the DHHS Controller's Office for entry in the State Treasurer's Electronic Payments System. **Forms must be received at least 15 working days prior to the effective date or as instructed in the DMA MRI notices.**

If you have any questions about this form, please contact Janet Choplin at [Janet.Choplin@ncmail.net](mailto:Janet.Choplin@ncmail.net) or (919) 855-4191.